•	HAND DELIVERED
UNITED STATES HOUSE OF REPRESENTATIVES Form A CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees	Page 1 of I
Name: ROBERT 1. SCHILLING Daytime Telephone: 202/225-5905	2012 JUN 21 PH 2: 02 OFFICE OF THE CLERK US. HOUSE OF COMMERSE HANDYES
Member of the U.S. State: The Officer or Employing Office: Employee	A \$200 penalty shall be assessed against anyone who files more than
mendment	30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Vi. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	regating more Yes No
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	d receive any in the reporting Yes No No
nild receive "unearned" period or hold any the end of the period? Yes No No	or before the date Yes No No
IV. Did you, your spouse, or a dependent child purchase, self, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	arrangement with Yes No No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No appropriate schedule attached for each "Yes" response appropriate schedule attached for each "Yes" response	ion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH C	- ANSWER EACH OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	sclosed. Have you Yes No No
EXEMPTION. —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	child because Yes No No

Page 2 of 4

Identify (a) each asset held for investment or production Asset and/or Income Source BLOCK A Value of Asset BLOCK B Type of Income BLOCK C Amount of Income BLOCK D ransaction BLOCK E

please specify the method used. reporting year. If you use a valuation method other than fair market value,

generated income, the value should be year and is included only because it If an asset was sold during the reporting

not use ticker symbols.)

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at

reportable asset or sources of income which generated

Provide complete names of stocks and mutual funds (do

Indicate value of asset at close of Check all columns that apply.

Dividends, interest, and capital that generate tax-deterred income ing the reporting period. if the asset generated no income dur disclosed as income. Check "None" gains, even if reinvested, must be may check the "Tax-Deferred" column. you to choose specific investments <u>or</u> retirement accounts that do not allow (such as 401(k) plans or IRAs), you

earned or generated. income. Check "None" if no income was reinvested, must be disclosed as interest, and capital gains, even the appropriate box below. Dividends, cate the category of income by checking Deferred" in Block C, you may check the 'None" column. For all other assets, indi-

For assets for which you checked "Taxyear. reporting

(P), sales (S), or exchanges \$1,000 in purchases asset had (E) exceeding Indicate if the

60EUBEL COXT, COLOLA, IL.
For additional assets and unearned income, use next page.

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12.5

610SEPPE, MC

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Royalties

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S (partial)

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HIGHT BUILDING - Chim'I READ ESTATE - East Moline, H EDWARD JONES ACCTS

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STOCKTOD, MG (MAND)

YERSONAL RESIDENCE

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Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

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1st Bank of Paducah, KY Accounts

optional column on the far left.

please refer to the instruction booklet

For a detailed discussion of Schedule III requirements

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: e.g., Partnership Income or Farm Income)

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for exam-See below (S) (partial) indicate as sold, please an asset is

follows:

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income

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child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or ing \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived

ncome during the reporting period); any deposits totalnomes and vacation homes (unless there was renta Exclude: Your personal residence, including second

from, a federal retirement program, including the Thrift

tion in Block A.

ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business For rental or other real property held for investment, pro-vide a complete address.

value at the end of the reporting period

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the name of the institution holding the account and its account that exceeds the reporting thresholds. For retirethe power, even if not exercised, to select the specific

ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

SCHEDULE V— LIABILITIES

Name ROBER 1. SCHILLING Page 3 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

77727	J DC,
BLACKHANICK BANKFIRUST THE 2007 COMPINENT LOAN SAILLE MAE BLACKHANICK BANKFIRUST MILA 12/2009 MOSTOKES - GENERAL POXY ASLENTEA (U. SETTENDENT) 12/2009 MOSTOKES - GENERAL POXY ASLENTEA (U. SETTENDENT) 12/2009 MOSTOKES - GENERAL POXY COLOMN, IL	Creditor Example: First Bank of Wilmington, DE
75007 7500 12/2006	Date Liability Incurred Mo/Year
EDIPHENT LOAN STUDENT LOAN PERSONAL PRIMARY RESIDENT MORIGHES - WELLEST, LOCK LOCKS, LOCK, LL	Type of Liability Mortgage on 123 Main St., Dover, DE
\ \ \ \	\$10,001- \$15,000
	\$15,001- \$50,000
	\$50,001- \$100,000
× -	× \$100,001- \$250,000 D
	\$500,000 "" 3
4 <u> </u>	\$1,000,000 TEST
	\$5,000,000
	\$5,000,000

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
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Name KOBERT	
SCHILLING	
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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

lions), and positions solely of an incliniary factors.	ivialy liature.
Position	Name of Organization
SANONA	SHINT GIUSEPPE, TAX, (PIZZA PARLEX MOLINE, TL.)

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
	NA	
:		